



PTO/SB/17 (10-07)

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|  |                    |                          |                        |
|--|--------------------|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2008</b>                                   |                    | <b>Complete if Known</b> |                        |
|  |                    | Application Number       | 10/722,052-Conf. #7000 |
|  |                    | Filing Date              | November 26, 2003      |
|  |                    | First Named Inventor     | Yoshiaki Mimura        |
|  |                    | Examiner Name            | B. N. Thomas           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                    | Art Unit                 | 2873                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> 120.00 | Attorney Docket No.      | WEN-0027               |

**METHOD OF PAYMENT** (check all that apply)

|  |   |                                      |  |   |
|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order | <input type="checkbox"/> None                      | <input type="checkbox"/> Other (please identify): |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 18-0013   |                                      | Deposit Account Name: Rader, Fishman & Grauer PLLC |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |                                      |  |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                                      |  |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |                                      |  |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |                |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |                |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |                |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| 4            | - 20 =       | x        | =             |                           |          |               |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 2             | - 3 =        | x        | =             |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
|              | - 100 =      | /50 =  | (round up to a whole number) x | =             |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |                |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | 120.00         |

|                     |                                     |  |                          |
|---------------------|-------------------------------------|--|--------------------------|
| <b>SUBMITTED BY</b> |                                     |  |                          |
| Signature           |                                     | Registration No. 24,104<br>(Attorney/Agent) 47,255 | Telephone (202) 955-3750 |
| Name (Print/Type)   | Ronald P. Kananen / Brian K. Dutton |  | Date August 4, 2008      |



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>WEN-0027         |           |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------|--|-----------|--|------------|-------------------------|--|---|-------|------|-----------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number                      10/722,052-Conf. #7000   |            | Filed                      November 26, 2003 |           |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| For    OPTHALMIC APPARATUS   |            |  |           |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit            2873   |            | Examiner            B. N. Thomas             |           |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: right;">\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$460</td><td style="text-align: center;">\$230</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1050</td><td style="text-align: center;">\$525</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1640</td><td style="text-align: center;">\$820</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2230</td><td style="text-align: center;">\$1115</td><td style="text-align: right;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>24,104 / 47,255</u></p> <p style="padding-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="padding-left: 100px;">Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; text-align: center;"><hr style="width: 80%; margin: 5px auto;"/><p>Signature</p><hr style="width: 80%; margin: 5px auto;"/><p>Ronald K. Kananen / Brian K. Dutton</p><p>Typed or printed name</p></div><div style="width: 35%; text-align: center;"><hr style="width: 80%; margin: 0 auto;"/><p>August 4, 2008</p><p>Date</p><hr style="width: 80%; margin: 5px auto;"/><p>(202) 955-3750</p><p>Telephone Number</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |  |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                      |           |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$ 120.00 |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230  | \$ _____  |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525  | \$ _____  |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640     | \$820  | \$ _____  |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230     | \$1115                                       | \$ _____  |  |            |                         |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |

08/05/2008 AWONDAF1 00000054 100013 10722052  
01 FC:1251 120.00 DA